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Bib Data Sheet

CONFIRMATION NO. 6816

SERIAL NUMBER 10/773,353	FILING DATE 02/05/2004 RULE	CLASS 362	GROUP ART UNIT 2875	ATTORNEY DOCKET NO. 024-25-001
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APPLICANTS

William R. Ratcliffe, Thousand Oaks, CA;

** CONTINUING DATA *****

None RMay

** FOREIGN APPLICATIONS *****

None RMay

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>RM</i>	INITIALS <i>RM</i>		
Verified and Acknowledged				

ADDRESS

23935
 KOPPEL, JACOBS, PATRICK & HEYBL
 555 ST. CHARLES DRIVE
 SUITE 107
 THOUSAND OAKS , CA
 91360

TITLE

Light display structures

FILING FEE RECEIVED 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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